Grace Lutheran Church—Education Hour Registration Form

Child/ren Information

First Name	Last Name	Birthdate	Grade	Special Learning Needs/Allergies	
•	re may be used in Gra uncements and the e	•	-	as the monthly Education Newsletter, YES NO	
Family Information					
Parent Name:					
Address:					
Home Phone Number: Cell:					
Address (if different from above): Cell: Cell:					
Email Address:					
Email Addres	55				
Additional Sunday N	Norning Emergency C	Contact			
Name & Relationship to Child/ren:					
	, <u></u>				
					
Volunteer Opportun	<u>nities</u>				
We need a lot of volunteering to help	•	our educatio	n program	n a success! Please consider	
I would be interested	d in helping with the	following edu	ıcational p	rograms at Grace:	
Assist in 3K, 4K o		Ser	ve as a Substitute for Grade		
Assist at KFC, JYG or HYPE events			Assist with the Christmas Program		
Lead a Children'	s Message during wo	rship			
Valuntaar Nama			Em	aile	